| Fill in this information to identify your case: | | | | | | | |
|---|--|--|--|--|--|--|--|
| Debtor 1 | Ralph E Miller, Jr. | | | | | | |
| Debtor 2 (Spouse, if filing) | Alyce DiPietro-Miller | | | | | | |
| United States E | Bankruptcy Court for the: Eastern District of Pennsylvania | | | | | | |
| Case number (if known) | 19-17878 | | | | | | |

| Check | Check as directed in lines 17 and 21: | | | | | | | |
|-------|---|--|--|--|--|--|--|--|
| 1 | According to the calculations required by this Statement: | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| • | Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | | |

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B **Debtor 1** Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 6.789.00 0.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 vou listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 Gross receipts (before all deductions) \$ -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 0.00 Copy here -> \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 19-17878-mdc Doc 25 Filed 03/09/20 Entered 03/09/20 17:43:33 Desc Main Document Page 2 of 12

| | Alyce DiPietro-Miller | | | | Case num | ber (it | f known) | 19-1787 | 8 | |
|--|--|--|--|------------------|-------------------|---------|---------------|------------------------------|--------------------------------------|-----------------------------|
| | | | | | Column / Debtor 1 | | | Column E Debtor 2 non-filing | or | |
| Inte | erest, dividends, and royalties | | | | \$ | | 0.00 | \$ | 0.00 | |
| | employment compensation | | | | \$ | | 0.00 | \$ | 0.00 | |
| | not enter the amount if you contend that the Social Security Act. Instead, list it here: | amount received | was a benefit ui | nder | | | | | | |
| | or you | \$ | 0.00 | | | | | | | |
| F | or your spouse | \$ | 2,004.00 | | | | | | | |
| bene not i Unit disa pay does | nsion or retirement income. Do not include refit under the Social Security Act. Also, exceinclude any compensation, pension, pay, are ted States Government in connection with a sbility, or death of a member of the uniformer paid under chapter 61 of title 10, then inclused in the state of the amount of retired pay to we tired under any provision of title 10 other that | ept as stated in the nuity, or allowand disability, combat d services. If you de that pay only to nich you would oth | e next sentence be paid by the t-related injury o received any ret to the extent that herwise be entitl | r tired it | \$ | | 0.00 | \$ | 0.00 | |
| Inco Do r rece dom Unit disa | nome from all other sources not listed about include any benefits received under the beived as a victim of a war crime, a crime againstic terrorism; or compensation, pension, ted States Government in connection with a ability, or death of a member of the uniformerces on a separate page and put the total between the services of the uniformerces on a separate page and put the total between the services of the services of the uniformerces of the uniformerces of the services of | ve. Specify the so Social Security Ad- inst humanity, or pay, annuity, or all disability, combat d services. If neces | ource and amou ct; payments international or lowance paid by related injury o | the r | | | | | | |
| | | | | | \$ | | 0.00 | \$ | 0.00 | |
| | | | | | \$ | | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if | any. | | + | \$ | | 0.00 | \$ | 0.00 | |
| | culate your total average monthly income h column. Then add the total for Column A t | | | | 6,789.00 | . | + \$ _ | 0.00 | = \$_ | 6,789.00 |
| | | | | | | | | | | tal average |
| 2: | Determine How to Measure Your Ded | actions from Inco | ome | | | | | | m | onthly income |
| Cor | by your total average monthly income fro | m line 11. | | | | | | | \$ | |
| - | aulata the marital adjustment. Cheek and | | | | | | | | Ψ | 6,789.00 |
| Cal | culate the marital adjustment. Check one: | | | | | | | | Ψ | 6,789.00 |
| Cal | You are not married. Fill in 0 below. | | | | | | | | Ψ | 6,789.00 |
| Cald | You are not married. Fill in 0 below. You are married and your spouse is filing. | with you. Fill in 0 b | pelow. | | | | | | Ψ | 6,789.00 |
| Cal | You are not married. Fill in 0 below. | vith you. Fill in 0 b ng with you. e 11, Column B, t se's tax liability or income and the al | that was NOT re the spouse's su | ıppor | t of some | ne c | other th | nan you or yo | es of you our depend | or your lents. |
| Cald | You are not married. Fill in 0 below. You are married and your spouse is filing or you are married and your spouse is not fill Fill in the amount of the income listed in lir dependents, such as payment of the spou Below, specify the basis for excluding this adjustments on a separate page. | vith you. Fill in 0 b ng with you. e 11, Column B, t se's tax liability or income and the al | that was NOT re the spouse's su | ıppor | t of some | ne c | other th | nan you or yo | es of you our depend | or your lents. |
| Cald | You are not married. Fill in 0 below. You are married and your spouse is filing or you are married and your spouse is not fill Fill in the amount of the income listed in lir dependents, such as payment of the spou Below, specify the basis for excluding this adjustments on a separate page. | with you. Fill in 0 b ng with you. e 11, Column B, t se's tax liability or income and the an elow. | that was NOT re the spouse's su mount of income | ippor e dev | t of some | ne c | other th | nan you or yo | es of you our depend | or your lents. |
| Calc | You are not married. Fill in 0 below. You are married and your spouse is filing or you are married and your spouse is not fill. Fill in the amount of the income listed in lindependents, such as payment of the spoudle below, specify the basis for excluding this adjustments on a separate page. If this adjustment does not apply, enter 0 below. | with you. Fill in 0 b ng with you. e 11, Column B, t se's tax liability or income and the an elow. | that was NOT re the spouse's su mount of income | ippor e dev | t of some | ne c | other th | nan you or yo | es of you our depend | or your lents. |
| Cald | You are not married. Fill in 0 below. You are married and your spouse is filing or you are married and your spouse is not fill. Fill in the amount of the income listed in lindependents, such as payment of the spoudle below, specify the basis for excluding this adjustments on a separate page. If this adjustment does not apply, enter 0 below. | with you. Fill in 0 b ng with you. le 11, Column B, t se's tax liability or income and the ar elow. | that was NOT re the spouse's su mount of income | ippor e dev | t of somec | ne c | other th | nan you or yo | es of you our depend | or your lents. |
| Cale □ □ □ □ | You are not married. Fill in 0 below. You are married and your spouse is filing of You are married and your spouse is not fill Fill in the amount of the income listed in lindependents, such as payment of the spoudelow, specify the basis for excluding this adjustments on a separate page. If this adjustment does not apply, enter 0 below. | with you. Fill in 0 b ng with you. le 11, Column B, t se's tax liability or income and the an elow. | that was NOT re the spouse's su mount of income | ippor e dev | t of someo | one o | other th | nan you or yo | es of you our depend | or your lents. tional |
| Cald □ □ □ □ □ | You are not married. Fill in 0 below. You are married and your spouse is filing or you are married and your spouse is not fill. Fill in the amount of the income listed in lindependents, such as payment of the spou Below, specify the basis for excluding this adjustments on a separate page. If this adjustment does not apply, enter 0 below. | vith you. Fill in 0 bing with you. e 11, Column B, to se's tax liability or income and the anielow. | that was NOT re the spouse's su mount of income | ippor e dev | t of someo | one o | other th | nan you or yo | es of you our depend y, list addi | or your lents. tional |

Debtor 1

Case 19-17878-mdc Doc 25 Filed 03/09/20 Entered 03/09/20 17:43:33 Desc Main Document Page 3 of 12

| Debtor 1 Debtor 2 | Ralph E Miller, Jr. Alyce DiPietro-Miller | Case number (if known) | 9-17878 | |
|----------------------|---|------------------------|---------|-----------|
| | Multiply line 15a by 12 (the number of months in a year). | | X | 12 |
| 15 | b. The result is your current monthly income for the year for this pa | rt of the form. | \$ | 81,468.00 |

Case 19-17878-mdc Doc 25 Filed 03/09/20 Entered 03/09/20 17:43:33 Desc Main Document Page 4 of 12

| Debt | | Alyce DiPietro-Miller | | Case number (if known) | 19-17878 |
|------|--------|---|--|--|--------------------------------------|
| 16 | 6. Cal | culate the median family income that applies to | you. Follow these ste | ps: | |
| | 16a | . Fill in the state in which you live. | PA | | |
| | 16h | . Fill in the number of people in your household. | 2 | | |
| | | Fill in the median family income for your state and | | | ¢ 66,338.00 |
| | 100 | To find a list of applicable median income amount | s, go online using the | | \$ <u></u> |
| 47 | , Hav | instructions for this form. This list may also be ava | ilable at the bankrupt | cy clerk's office. | |
| 17 | 17a | _ | On the top of page 1 of | of this form check how 1 Disnos | sable income is not determined under |
| | 17a | 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N | | | |
| | 17b | Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a | ulation of Your Disp | • | |
| Par | t 3: | Calculate Your Commitment Period Under 11 | U.S.C. § 1325(b)(4) | | |
| 18. | Cop | y your total average monthly income from line | 11. | | \$\$ |
| 19. | con | luct the marital adjustment if it applies. If you are tend that calculating the commitment period under ause's income, copy the amount from line 13. | e married, your spous 11 U.S.C. § 1325(b)(4 | e is not filing with you, and you) allows you to deduct part of yo | our |
| | 19a | . If the marital adjustment does not apply, fill in 0 or | line 19a. | | -\$0.00 |
| | | | | | |
| | 19b | . Subtract line 19a from line 18. | | | \$6,789.00 |
| | | | | | |
| 20. | Cal | culate your current monthly income for the year | . Follow these steps: | | 0.700.00 |
| | 20a | . Copy line 19b | | | \$6,789.00 |
| | | Multiply by 12 (the number of months in a year). | | | x 12 |
| | | | | | |
| | 20b | . The result is your current monthly income for the y | ear for this part of the | form | \$ 81,468.00 |
| | | | | | |
| | | | | | o 66 229 00 |
| | 20c | . Copy the median family income for your state and | size of household fro | m line 16c | \$ 66,338.00 |
| | 21. | How do the lines compare? | | | |
| | | ☐ Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4. | ise ordered by the co | urt, on the top of page 1 of this f | form, check box 3, The commitment |
| | | Line 20b is more than or equal to line 20c. Ut commitment period is 5 years. Go to Part 4. | nless otherwise order | ed by the court, on the top of pa | ge 1 of this form, check box 4, The |
| Par | t 4: | Sign Below | | | |
| | Ву | signing here, under penalty of perjury I declare that | the information on thi | s statement and in any attachme | ents is true and correct. |
| , | X /s/ | Ralph E Miller, Jr. | ¥ | /s/ Alyce DiPietro-Miller | |
| • | Ra | alph E Miller, Jr. | | Alyce DiPietro-Miller | |
| | | gnature of Debtor 1 | | Signature of Debtor 2 | |
| | Date | March 9, 2020 MM / DD / YYYY | | Date March 9, 2020 MM / DD / YYYY | |
| | If yo | ou checked 17a, do NOT fill out or file Form 122C-2 | | | |
| | If yo | ou checked 17b, fill out Form 122C-2 and file it with | this form. On line 39 | of that form, copy your current m | nonthly income from line 14 above. |

Ralph E Miller, Jr.

| Fill in this information to identify your case: | | | | | | |
|---|--------------------------|----------------------------------|--|--|--|--|
| Debtor 1 | Ralph E Miller, Jr. | | | | | |
| Debtor 2 (Spouse, if filing | Alyce DiPietro-Mille | • | | | | |
| United States B | ankruptcy Court for the: | Eastern District of Pennsylvania | | | | |
| Case number (if known) | 19-17878 | | | | | |

■ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/19

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,288.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Case 19-17878-mdc Doc 25 Filed 03/09/20 Entered 03/09/20 17:43:33 Desc Main Page 6 of 12 Document

Debtor 1 19-17878 Alyce DiPietro-Miller Debtor 2 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. 110.00 Copy here=> \$ 110.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. Copy here=> 0.00 7g. Total. Add line 7c and line 7f 110.00 Copy total here=> 110.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 624.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,491.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment M & T Bank 1,543.00 Repeat this amount Сору 1,543.00 1.543.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Copy Subtract line 9b (total average monthly payment) from line 9a (mortgage 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

Ralph E Miller, Jr.

Case 19-17878-mdc Doc 25 Filed 03/09/20 Entered 03/09/20 17:43:33 Desc Main Document Page 7 of 12

| ebtor 1 ebtor 2 | Ralph E Miller, Jr. Alyce DiPietro-Miller | | | Case number (if known) | 19-17878 | | |
|--------------------|--|---------------|---------------|------------------------|----------------------------------|------------|--------|
| 11. | Local transportation expenses: Check the number of vehic | cles for whic | h you claim | an ownership or ope | erating expense. | | |
| | ☐ 0. Go to line 14. | | | | | | |
| | ☐ 1. Go to line 12. | | | | | | |
| | ■ 2 or more. Go to line 12. | | | | | | |
| 12. | Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for the standards operating expenses. | | | | | \$ | 488.00 |
| 13. | Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles. | | | | | | |
| Ve | Describe Vehicle 1: 2019 Nissan Sentra 400 | 00 miles | | | | | |
| 13a. | Ownership or leasing costs using IRS Local Standard | | | \$ 508 | .00 | | |
| 13b. | Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. | | | | | | |
| | To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60. | | | t | | | |
| | Name of each creditor for Vehicle 1 | Average r | nonthly | | | | |
| | BB & T | \$ | 353.00 | | | | |
| | Total Average Monthly Payment | \$ | 353.00 | Copy here => -\$ | 353.00 Repeat amount line 33t | on | |
| 13c. | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0, | , enter \$0 | | . \$155 | .00 Copy net Vehicle 1 expense h | nere \$ | 155.00 |
| Ve | nicle 2 Describe Vehicle 2: 2014 Hyndai Elantra 50 | 000 miles | | | | | |
| 13d. | Ownership or leasing costs using IRS Local Standard | | | \$ 508 | .00 | | |
| 13e. | Average monthly payment for all debts secured by Vehicle 2. leased vehicles. | Do not inclu | ude costs foi | r | | | |
| | Name of each creditor for Vehicle 2 | Average r | monthly | | | | |
| | Ally Financial | \$ | 146.25 | | | | |
| | Total average monthly payment | \$ | 146.25 | Copy here => -\$ | Repeat this amount on 33c. | | |
| 13f. | Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0, | , enter \$0 | | \$361 | .75 Copy net Vehicle 2 expense h | nere \$ | 361.75 |
| 14. | Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v | | | | , fill in the | \$ | 0.00 |
| 15. | Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transp</i> | hat you beli | | | | \$ | 0.00 |

Debtor 1

Case 19-17878-mdc Doc 25 Filed 03/09/20 Entered 03/09/20 17:43:33 Desc Main Document Page 8 of 12

Debtor 1 Debtor 2 Ralph E Miller, Jr.

Alyce DiPietro-Miller Case number (if known) 19-17878

| Oth | er Necessary Expenses | In addition to the expert the following IRS cated | | s listed above, | you are allowed your monthly expense | s for | | |
|-----|---|---|---------------------------------|---------------------------------------|--|-------|----------|--|
| 16. | 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. | | | | | | | |
| | | • | | | | \$ | 1,799.00 | |
| 17. | Involuntary deduction contributions, union due | s: The total monthly payrol | l deductions th | hat your job red | quires, such as retirement | | | |
| | · · | • | ur job, such a | s voluntary 40 | 1(k) contributions or payroll savings. | \$ | 92.00 | |
| 18. | Life Insurance: The tot filing together, include p Do not include premium of life insurance other the | \$ | 155.00 | | | | | |
| 19. | administrative agency, s | nts: The total monthly amount as spousal or child su | pport paymen | ts. | • | • | 0.00 | |
| | Do not include payment | s on past due obligations for | or spousal or o | child support. Y | ou will list these obligations in line 35. | \$ | 0.00 | |
| 20. | | onthly amount that you pay | for education | that is either r | equired: | | | |
| | as a condition for you | • | | | | | 0.00 | |
| | for your physically or | mentally challenged deper | ndent child if r | no public educa | ation is available for similar services. | \$ | 0.00 | |
| 21. | | onthly amount that you pay s for any elementary or sec | | | itting, daycare, nursery, and preschool. | \$ | 0.00 | |
| 22. | that is required for the h | | your depende | ents and that is | amount that you pay for health care s not reimbursed by insurance or paid I entered in line 7. | | | |
| | Payments for health ins | urance or health savings a | ccounts shoul | d be listed only | in line 25. | \$ | 0.00 | |
| 23. | 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. | | | | | | | |
| 24. | Add all of the expense | es allowed under the IRS | | | | \$ | 5,222.75 | |
| | Add lines 6 through 23. | | | | | | | |
| Add | itional Expense Deduc | | | | e Means Test. listed in lines 6-24. | | | |
| 25. | | | | | ses. The monthly expenses for health y necessary for yourself, your spouse, or | or | | |
| | Health insurance | | \$ | 228.00 | | | | |
| | Disability insurance | | \$ | 0.00 | | | | |
| | Health savings account | | + \$ | 0.00 | 7 | | | |
| | Total | | \$ | 228.00 | Copy total here=> | \$ | 228.00 | |
| | Do you actually spend to No. How much o | his total amount? do you actually spend? | | | 1 | | | |
| | Yes | | \$ | | | | | |
| 26. | continue to pay for the r your household or mem | easonable and necessary | care and supp ly who is unat | oort of an elderl ole to pay for s | actual monthly expenses that you will y, chronically ill, or disabled member of uch expenses. These expenses may 29A(b) | \$ | 0.00 | |
| 27. | | | | | nses that you incur to maintain the es Act or other federal laws that apply. | | | |
| | safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. | | | | | | | |

Case 19-17878-mdc Doc 25 Filed 03/09/20 Entered 03/09/20 17:43:33 Desc Main Document Page 9 of 12

| | Ralph E Miller, Jr. Alyce DiPietro-Miller | | Case number (if kno | _{own)} 19 | -17878 | | |
|------------------------------|--|---|--|--|--------------------|-----------------|--------------------|
| | Additional home energy costs. Your hom line 8. | e energy costs are included in your ins | urance and operat | ing exper | ises on | | |
| | If you believe that you have home energy c 8, then fill in the excess amount of home er | | gy costs included in | n expense | es on line | Э | |
| | You must give your case trustee document amount claimed is reasonable and necessa | | must show that the | e addition | al | \$_ | 0.00 |
| | Education expenses for dependent chilo \$170.83* per child) that you pay for your de public elementary or secondary school. | ren who are younger than 18. The m pendent children who are younger than | onthly expenses (r n 18 years old to at | not more t tend a pri | han vate or | | |
| | You must give your case trustee document claimed is reasonable and necessary and r | | must explain why | he amou | nt | | |
| | * Subject to adjustment on 4/01/22, and eve | ry 3 years after that for cases begun o | n or after the date | of adjustr | nent. | \$_ | 0.00 |
| | Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance | allowances in the IRS National Standa | | | | | |
| | To find a chart showing the maximum addit instructions for this form. This chart may als | | | eparate | | | |
| | You must show that the additional amount | laimed is reasonable and necessary. | | | | \$_ | 42.00 |
| | Continuing charitable contributions. The instruments to a religious or charitable orga | | | cash or fi | nancial | | |
| | Do not include any amount more than 15% | of your gross monthly income. | | | | \$_ | 50.00 |
| | Add all of the additional expense deduct Add lines 25 through 31. | ions. | | | | \$ | 320.00 |
| | · · | | | | | | |
| | ictions for Debt Payment | | | | | | |
| | | | | | | | |
| | or debts that are secured by an interest pans, and other secured debt, fill in lines | | nome mortgages, | vehicle | | | |
| lo T | or debts that are secured by an interest pans, and other secured debt, fill in lines to calculate the total average monthly paym reditor in the 60 months after you file for ba | 33a through 33e. ent, add all amounts that are contractua | | | | | |
| lo T | pans, and other secured debt, fill in lines o calculate the total average monthly paym | 33a through 33e. ent, add all amounts that are contractua | | | | Averaç payme | ge monthly nt |
| lo T | oans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home | 33a through 33e. ent, add all amounts that are contractual kruptcy. Then divide by 60. | ally due to each se | | => | | |
| T c | oans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home | 33a through 33e. ent, add all amounts that are contractua | ally due to each se | | => | payme | nt |
| T c | coans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles | 33a through 33e. ent, add all amounts that are contractual kruptcy. Then divide by 60. | ally due to each se | cured | | payme | nt |
| 10 C 33a. | cans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here | 33a through 33e. ent, add all amounts that are contractual kruptcy. Then divide by 60. | ally due to each se | cured | | payme | 1,543.00 353.00 |
| 33a. 33b. 33c. | cans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here | 33a through 33e. ent, add all amounts that are contractual kruptcy. Then divide by 60. | ally due to each se | cured | => | payme | 1,543.00 |
| 33a. 33b. 33c. 33d. | cans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here | 33a through 33e. ent, add all amounts that are contractual kruptcy. Then divide by 60. | ally due to each se | cured | => /ment | payme | 1,543.00 353.00 |
| 33a. 33b. 33c. 33d. | cans, and other secured debt, fill in lines or calculate the total average monthly paym reditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | 33a through 33e. ent, add all amounts that are contractual skruptcy. Then divide by 60. | ally due to each se | cured Does payinclude ta | => /ment | payme | 1,543.00 353.00 |
| 33a. 33b. 33c. 33d. | cans, and other secured debt, fill in lines or calculate the total average monthly paym reditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: | 33a through 33e. ent, add all amounts that are contractual skruptcy. Then divide by 60. | ally due to each se | Does pay include to or insuran | => /ment axes nce? | \$ \$ | 1,543.00 353.00 |
| 33a. 33b. 33c. 33d. | cans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractual skruptcy. Then divide by 60. | ally due to each se | Does pay include to or insural No Yes | => /ment axes nce? | payme | 1,543.00 353.00 |
| 33a. 33b. 33c. 33d. | cans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractual skruptcy. Then divide by 60. | ally due to each se | Does payinclude to or insural | => /ment axes nce? | \$ \$ | 1,543.00 353.00 |
| 33a. 33b. 33c. 33d. | cans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractual skruptcy. Then divide by 60. | ally due to each se | Does pay include to or insurar | => /ment axes nce? | \$ \$ | 1,543.00 353.00 |
| 33a. 33b. 33c. 33d. | cans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractual skruptcy. Then divide by 60. | ally due to each se | Does payinclude ta or insural No Yes | => /ment axes nce? | \$\$ \$\$ | 1,543.00 353.00 |
| 33a. 33b. 33c. 33d. | cans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractual skruptcy. Then divide by 60. | bt | Does pay include to or insural No | => /ment axes nce? | \$\$ \$\$ | 1,543.00 353.00 |
| 33a. 33b. 33c. 33d. | cans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt | 33a through 33e. ent, add all amounts that are contractual skruptcy. Then divide by 60. | bt | Does pay include to or insural No Yes No Yes | => /ment axes nce? | \$\$ \$\$ | 1,543.00 353.00 |

Case 19-17878-mdc Doc 25 Filed 03/09/20 Entered 03/09/20 17:43:33 Desc Main Document Page 10 of 12

Ralph E Miller, Jr. Debtor 1 **Alyce DiPietro-Miller** 19-17878 Debtor 2 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle. or other property necessary for your support or the support of your dependents? Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount $\div 60 = \$$ -NONE-Сору total 0.00 0.00 Total \$ here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. The Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 ÷60 \$ 0.00 36. Projected monthly Chapter 13 plan payment 1,940.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 8.70 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 168.78 168.78 here=> Average monthly administrative expense 2.211.03 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 5,222.75 expense allowances Copy line 32, All of the additional expense deductions 320.00 Copy line 37, All of the deductions for debt payment +\$ 2,211.03 7,753.78 7,753.78 Total deductions..... Copy total here=>

Case 19-17878-mdc Doc 25 Filed 03/09/20 Entered 03/09/20 17:43:33 Desc Main Document Page 11 of 12

| | ph E Miller, ce DiPietro- | | | _ | Ca | ase ni | umber (<i>if known</i>) | 19-17 | 7878 | |
|---|---|---|-------------------------------|--------------------------|--|-------------------------|---|--------------|--------------------------|----------|
| art 2: De | etermine You | r Disposable Income Under 11 U.S.C. § | 1325(| (b)(2 | 2) | | | | | |
| | | ent monthly income from line 14 of For Current Monthly Income and Calculation | | | | ı. | | \$ | S | 6,789.00 |
| childrer disability received | The monthly payments for accordance | ly necessary income you receive for sup y average of any child support payments, or a dependent child, reported in Part I of F ce with applicable nonbankruptcy law to the nded for such child. | foster orm 1 | card 220 | e payments, or 2-1, that you | | \$ | 0.00 | | |
| employe in 11 U.S | er withheld fro S.C. § 541(b)(| tirement deductions. The monthly total of m wages as contributions for qualified retinual (7) plus all required repayments of loans from \$362(b)(19). | emen | nt pla | ans, as specifie | d | \$ | 0.00 | _ | |
| 42. Total of | all deduction | ns allowed under 11 U.S.C. § 707(b)(2)(A | i). Co | ру I | ine 38 here | => | \$7, | 753.78 | _ | |
| expense their exp | es and you ha benses. You n | al circumstances. If special circumstance ve no reasonable alternative, describe the nust give your case trustee a detailed explocumentation for the expenses. | speci | iál c | ircumstances a | nd | | | | |
| Describe th | ne special cir | cumstances | | | Amount of exp | ens | e | | | |
| | | | | \$ | | | | | | |
| | | | | \$ | | | | | | |
| | | | | . · \$ | | | | | | |
| | | | | . Ψ | | | Сору | | | |
| | | То | tal \$ | | 0.00 | | nere=> \$ | | 0.00 | |
| 44. Total ac | djustments. A | Add lines 40 through 43. | | | => | \$_ | 7,753.7 | . | opy ere=> - \$ | 7,753.78 |
| 45. Calcula | te your mont | thly disposable income under § 1325(b) | (2). Sı | ubtra | act line 44 from | line | 39. | | \$ | -964.78 |
| art 3: Ch | nange in Inco | ome or Expenses | | | | | | | | |
| have ch time you you filed | anged or are ur case will be do your petition | r expenses. If the income in Form 122C-1 virtually certain to change after the date yo open, fill in the information below. For exa, check 122C-1 in the first column, enter linn when the increase occurred, and fill in the | ou filed ample, ne 2 in | d yo , if tl n the | bur bankruptcy pur bankruptcy pur bankruptcy per bankruptcy pur ba | etiti ted i n, ex | on and during increased afte | r | | |
| Form | Line | Reason for change | | | Date of chang | е | Increase or decrease? | A | Amount of c | hange |
| ☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 | | | | | | | ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease ☐ Decrease | e \$ e \$ | | |
| ☐ 122C-1 ☐ 122C-2 | | | | | | | ☐ Increase☐ Decrease | | · | |

Case 19-17878-mdc Doc 25 Filed 03/09/20 Entered 03/09/20 17:43:33 Desc Main Document Page 12 of 12

| Debtor 1 Debtor 2 | Ralph E Miller, Jr. Alyce DiPietro-Miller | Case number (if known) | 19-17878 |
|----------------------|---|---|--------------------------------|
| Part 4: | Sign Below | | |
| | by signing here, under penalty of perjury you declare that the inform | · | tachments is true and correct. |
| - | /s/ Ralph E Miller, Jr. Ralph E Miller, Jr. Signature of Debtor 1 | X /s/ Alyce DiPietro-Miller Alyce DiPietro-Miller Signature of Debtor 2 | |
| | March 9, 2020 MM / DD / YYYY | Date March 9, 2020 MM / DD / YYYY | |